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ABSTRACT

This overview describes the Child and Family Resource Program (CFRP), a child-centered Head Start demonstration program which is designed to provide family support services for healthy family growth and development. Part I reviews the program's background objectives and key elements (required minimum services, additional services, assessment, use of community resources, programs for Parents and their children in the prenatal period through age 3, preschool-school linkages programs, parent education, staff development and participation, and evaluation). In Part II each of the 11 national CFRP demonstration projects is briefly described. These projects are located in Connecticut, New York, Pennsylvania, Florida, Michigan, Oklahoma, Nebraska, North Dakota, Nevada, Oregon, and California. It is noted that all CFRP evaluation reports are made available through the ERIC system. (Author/RH)

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The Child and Family Resource Program:

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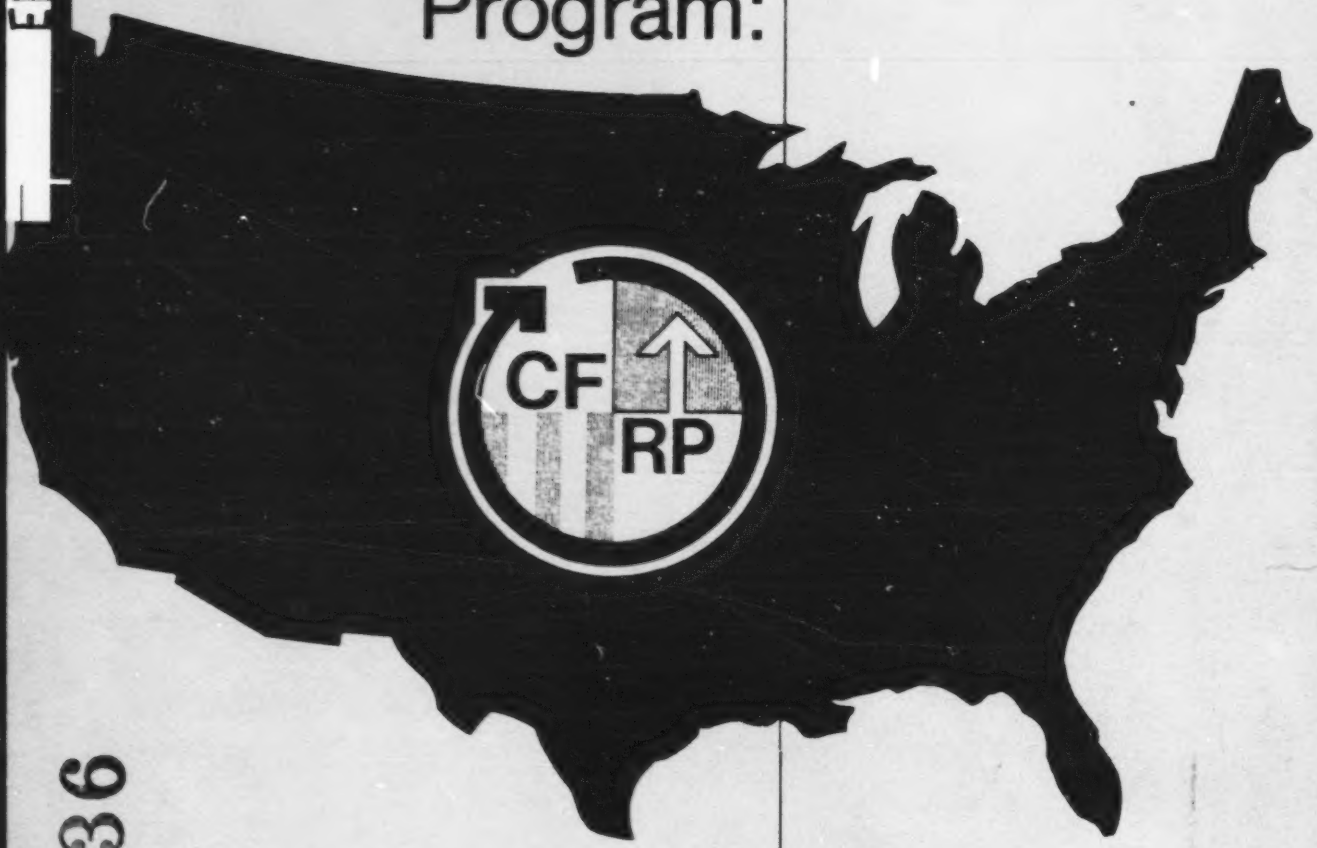

AN OVERVIEW

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FOREWORD

After nearly five years of operation, the 11 Federally-funded Child and Family Resource Programs are well underway. Because the Child and Family Resource Program (CFRP) is a significant effort on the part of the Administration for Children, Youth and Families to integrate a wide variety and range of service concepts into a family-focused child development program, it has already attracted considerable attention from people interested not only in child development but also family and community development.

The purpose of this publication is twofold: to introduce and describe the overall Child and Family Resource Program and to provide more detailed information on the specific characteristics of each of the 11 demonstration programs throughout the country.

We are grateful to a number of people for their help in making this Overview possible, but a special thanks go to the directors of the 11 programs for providing information on their own operations; to Ms. Sherry Kapfer for her skillful weaving together, writing, and editing the many pieces that have contributed to this booklet; and to Ms. Gladys Bell and Cynthia Porter for their expert typing of the document.

Ruth Ann O'Keefe

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Director, Child and Family Resource Program
January 1978

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I. INTRODUCTION

The Child and Family Resource Program (CFRP) is a national Head Start demonstration program. It was funded in June 1973 by the Administration for Children, Youth and Families (formerly the Office of Child Development), in the Office of Human Development Services of the Department of Health, Education, and Welfare as a part of the Head Start Improvement and Innovation effort. The program is a child-centered family-focused program, designed to provide family support services that are crucial for, and directly related to, the sustained healthy growth and development of families who have children from the prenatal period through age eight.

Normally, Head Start programs enroll 3- to 5-year-old children of low-income families and provide them with education, parent involvement, health services, and social services. However, a Head Start which is part of the CFRP enrolls families. It then tries to promote child development and meet children's needs by working through the family as a unit. The CFRP provides the same services as Head Start and additional services tailored to the needs of each family.

The CFRP process begins with enrollment of the family, which is followed by an assessment of the needs and strengths of the family unit. On the basis of discussions between family members, CFRP staff, and community resource specialists, the unique goals and needs of each family are assessed, and ways are discussed in which both the family and CFRP staff can contribute to an overall Family Action Plan for meeting identified needs. The CFRP then assists children and other members of enrolled families in securing those services necessary to foster child and family growth and development.

By using a Head Start program as a base for developing a community-wide service delivery network involving a variety of program activities, as well as by using an individualized assessment process for each enrolled family, the CFRP recognizes that not all families have the same needs and that the needs may not all be met the same way. It builds upon the capabilities of existing services being provided by other agencies and makes all relevant community resources available to families as part of an integrated and flexible program that can evolve as family circumstances change. At the same time, CFRPs are working to reduce fragmentation and gaps in the delivery of services by these existing community programs and agencies.

This booklet describes the 11 Federally-funded ACYF Child and Family Resource Programs located in the United States. National Guidelines for these programs intentionally left a good deal of latitude for recognition of local needs, resources, and characteristics, and diversity within the program, within the overall framework of the national demonstration. It is interesting to note that a number of other Head Start programs are beginning to develop CFRP-like service networks.

Each CFRP receives approximately $130,000 for a 12-month period and serves at least 80 low-income families. As of the spring of 1977, a total of 1,058 families were participating in CFRP, nationwide. These families included 492 children in the prenatal through two age range; 1,068 children aged three through five; and 763 children aged six through eight. Families are included from a variety of locales and different ethnic and cultural backgrounds---including white, black, urban, rural, small-town, migrant, Spanish-speaking, and native American. About 10 percent of the CFRP families have handicapped children, in accord with Head Start policy.

Many programs are using home visitors to participate in the assessment process and assist with service coordination. The Gering, Nebraska CFRP is supplementing home visits and group experiences for children and families with public-service spot broadcasting on local television and radio shows.

Section II (Project Descriptions) details these and other individual activities pursued by local programs and highlights certain innovative features of individual CFRPs.

A. Background

In recent years, ACYF has created a number of demonstration programs that have used different approaches to provide child development services to young children and their families. Among these are Parent and Child Centers that serve families with infants and toddlers (0-3); Head Start/Medicaid Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), a program which encourages Head Starts to make maximum use of Medicaid EPSDT programs to provide for required health services provided to Medicaid-eligible children enrolled in local programs; and Home Start, a project using paraprofessional home visitors to help parents develop their parenting skills with their own children at home. Special services for handicapped children are also provided through Head Start centers. In addition, other programs, both past and present, including maternal and infant care programs, Project Follow Through, Project Developmental Continuity, and neighborhood service centers have influenced the development of the CFRP.

The CFRP concept incorporates selected aspects of each of these projects in addition to offering the full range of Head Start services. The CFRP also builds upon the experience of other research and service projects and links families to services offered by other community agencies, such as day care programs, mental health agencies, university services, family counseling services, and local schools. In many cases, formal agreements have been established with various agencies to exchange programs and services for the mutual benefit of children and families served.

Thus, the CFRP benefits from the pioneering efforts of many other agencies to promote individualized child and family development services (based on expressed needs and goals of children and families) as well as flexibility and options within programs, and continuity of comprehensive services from the prenatal period through age eight.

Dr. Edward Zigler, former Director of the Office of Child Development and originator of the CFRP national demonstration, described some of the thinking that generated the CFRP concept:*

> Let us take seriously what developmental psychologists have to teach: there is a continuity to human life, one period built upon another, each period important, each period needing a special set of nutrients and programs for the child at that age. Certainly, we must have good prenatal care; we also want an infant program; we need preschool programs; and we need school-age programs... In my view, one should never give up on a child, regardless of age. There is always some kind of program that could be of help, and it is our responsibility to deliver those programs to children, <u>whatever</u> their ages.

Thus, the Child and Family Resource Program, in offering to families child development and support services for the prenatal period through age eight, recognizes the importance of all of these different ages and stages in a child's development.

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*Excerpted from a speech given by Dr. Edward Zigler at the May 24, 1977 Administration for Children, Youth, and Families "Parents, Children, and Continuity" Conference held in El Paso, Texas.

B. Objectives

The CFRP has four major objectives, stated in the national Guidelines:

(1) to individualize and tailor programs and services to meet the child development-related needs of different children and their families

(2) to link resources in the community so that families may choose from a variety of programs and services while relating primarily to a single resource center---the CFRP---for all young children in the same family

(3) to provide continuity of resources available to parents, that will help each family to guide the development of its children from the prenatal period through their early school years.

(4) to enhance and build upon the strengths of the individual family as a child-rearing system, with distinct values, culture, and aspirations. The CFRP will attempt to reinforce these strengths, treating each individual as a whole and the family as a unit.

The purpose of the program is to develop a number of models or approaches for integrating and coordinating programs that can be adapted by different communities to provide continuity in serving children during the major stages of their early development. The demonstration program is also providing valuable information and materials on how such a family-oriented child development program works and how it affects both children and their families.* Such information and materials,

*For example, the national CFRP sound/slide presentation, entitled The Child and Family Resource Program, is available from Dingle Associates, Inc., 525 School Street, S.W., Suite 301, Washington, D.C., 20024 (price available upon inquiry) and provides a valuable description of program operations. Several guidance papers on specific aspects of the CFRP have also been developed and are available by writing: The Child and Family Resource Program, Administration for Children, Youth and Families, Office of Human Development Services, Department of Health, Education, and Welfare, P.O. Box 1182, Washington, D.C. 20013. These include Programs for Parents and Their Children in the Prenatal-Through-Three Age Range: A Child and Family Resource Program Guidance Paper, Parent Education: A Child and Family Resource Program Guidance Paper, and Guidance in Individual and Family Assessment for the Child and Family Resource Program: A Child and Family Resource Program Guidance Paper.

combined with a corps of experienced CFRP staff members, will also be useful in assisting State, local, and other interested programs and agencies in the future with replication of the concept.

In addition to responding to the national objectives, each CFRP has been encouraged to develop specific subobjectives of its own, and to develop a system which can become a model for its own community.

C. Key Elements of CFRP

The CFRP concept involves much more than preschool education and the services generally associated with such programs. The following key features are of paramount importance to the development of a CFR program. (See Figure 1 on page 6 for a graphic representation of CFRP process and content.)

1. ACYF Required Minimum Services

As indicated in the national CFRP Guidelines, each CFRP must have available the full range of services normally provided to Head Start children and their families, and must include the following required minimum services:

- Comprehensive individual assessment of family and child needs, based on consultation with the family
- Preventive, treatment, and rehabilitative services as required for the individually diagnosed medical, dental, nutritional, and mental health needs of children up to eight years of age
- Prenatal medical care and educational services for pregnant mothers
- Developmental services for families and children, including
  - -- Programs to assist parents to promote the total (emotional, cognitive, language, and physical) development of infants and toddlers through age three
  - -- Preschool comprehensive Head Start services for children from three to five
  - -- Programs designed to ensure smooth transition for children from preschool into the early elementary grades

FIGURE 1: CFRP CONTENT AND PROCESS

-- Group activities and family development programs for parents

-- Special development programs for children with handicapping conditions

- Family support services, including

-- Individual and group counseling for children and adults

-- Referral services for life support needs

-- Emergency services in crises

-- Family planning assistance and counseling

-- Information regarding food assistance programs

All CFRPs are also required to comply fully with Head Start Performance Standards (ACYF Issuance N-30-364-1, dated January 1973) for all preschool components. In addition, each CFRP must take into account local ethnic, cultural, and language characteristics in its program design.

2. Additional Services

Many CFRPs also provide additional services to meet locally defined needs or specific goals and needs of families and children identified in the assessment process. Examples of additional services that some CFRPs are providing include:

- Full-day child care (family or center) for children who require it

- After-school recreation/learning centers for children in early elementary school grades

- Family recreation programs and social events to promote the sharing of leisure time by adults and children

- Boy Scout, Girl Scout, and similar programs for school-aged children

- Workshops for adults and older children in the construction and/or renovation of simple equipment, toys, and furniture for the home and/or classroom, large muscle toys, and outdoor play equipment.

- Tutoring for children needing help in schoolwork, or for adults who desire additional developmental skills or courses

- Lending libraries of children's toys, books, records, games, etc.

- Cooperatives for the purchase of food, toys, clothing, household blankets and linens, and/or other family needs

- Cooperatives for the sale of products such as crafts, home baking, and/or other items made or produced by participating families.

3. Assessment

Crucial to the success of a CFRP is a comprehensive and continuous assessment process. As noted in a CFRP guidance paper, "...any lasting, positive change which the Child and Family Resource Program is able to effect will probably be attributable, in large measure, to a successful assessment procedure."*

As the project descriptions in Section II point out, each CFRP has devised its own procedure for individual family and child assessment. However, certain features must be included in any good assessment procedure. The process suggested in the guidance paper cited above is divided into four phases: enrollment/preassessment, development of a Family Action Plan, implementation/follow-up, and reassessment.

The enrollment/preassessment phase includes initial contact with the family and determination of family eligibility for the program; an introduction to and explanation of the program, the family's expectations of the program, and the program's expectations of the family; and a statement of commitment by both the family and the CFRP staff to the CFRP concept.

During the second phase, the assessment team begins work and formalized data collection is begun. It is important to note that families are directly involved in the assessment process and that CFRP staff plans with, not for, the family. Following an initial statement

*Guidance in Individual and Family Assessment for the Child and Family Resource Program:A Child and Family Resource Program Guidance Paper, April 1976. Available from: Child and Family Resource Program, Administration for Children, Youth and Families, Office of Human Development Services, Department of Health, Education, and Welfare, P.O. Box 1182, Washington, D.C. 20013.

by the family regarding its goals, strengths, and needs, the assessment team (in conjunction with the family) prioritizes goals and needs and establishes a tentative Family Action Plan (FAP). A thorough discussion of the tentative FAP is held, including a time frame for meeting goals and a description of roles and responsibilities of the family, program, and agency. The plan must be accepted by both parties or revised if necessary.

During the implementation/follow-up phase, referrals for services are made to various community resources and appropriate staff members follow up with families and resource agencies to ensure that services are being delivered when and as promised. Periodic and continuous progress reviews are conducted (at least quarterly) to update the FAP in light of services delivered and important events occurring in the family.

The reassessment process involves development of a new FAP based on (1) accumulated data, (2) analysis of the original FAP and the positive and negative aspects of the implementation of that plan, both for staff and families, and (3) emerging goals as stated by individual families.

Figure 2 presents the information above in outline form. Figure 3 shows a schematic representation of the assessment process.

As part of the assessment process, all CFRPs hold regular staff meetings both to provide continuing training for staff in assessment techniques and to evaluate and re-evaluate the strengths, goals, and needs of each family and its children in the program. In addition, ongoing informal discussions are held with family members to assess progress and current needs. The Head Start Policy Council also plays an active and essential part in CFRP assessment by ensuring that each CFRP is tailored to the needs of its enrolled families.

More detailed information on the CFRP assessment process may be obtained by requesting a copy of the guidance paper cited in the footnote on page 8.

4. Using Community Resources

One of the requirements stated in the national CFRP Guidelines is that all CFRPs must tailor their program design to maximize usage of existing community resources and avoid duplication of already existing services. Also implicit in the CFRP concept is that, in instances when needed resources are not available, CFRPs must create new services to fill gaps.

FIGURE 2

ASSESSMENT PROCESS OUTLINE

I. ENROLLMENT/PREASSESSMENT

A. Family is enrolled.

B. Family develops a clear understanding of CFRP concept.

C. Necessary individual and family information is collected.

D. CFRP and family make statements of commitment.

II. DEVELOPMENT OF FAMILY ACTION PLAN

A. All necessary data are available; a true family profile exists. CFRP assists family in meeting needs which arise initially or on a crisis basis and CFRP staff make appropriate referrals.

B. A comprehensive assessment team is involved. All components are involved in the assessment process, including the family.

C. Family Action Plan (FAP)

1. Goals and objectives are stated and prioritized.

2. A tentative FAP is developed.

3. Families, program, and agency make a commitment to the FAP, or revise as needed.

4. A realistic time frame is established and responsibilities are delineated for the implementation of the FAP.

III. IMPLEMENTATION/FOLLOW-UP

A. Referral and follow-up are done.

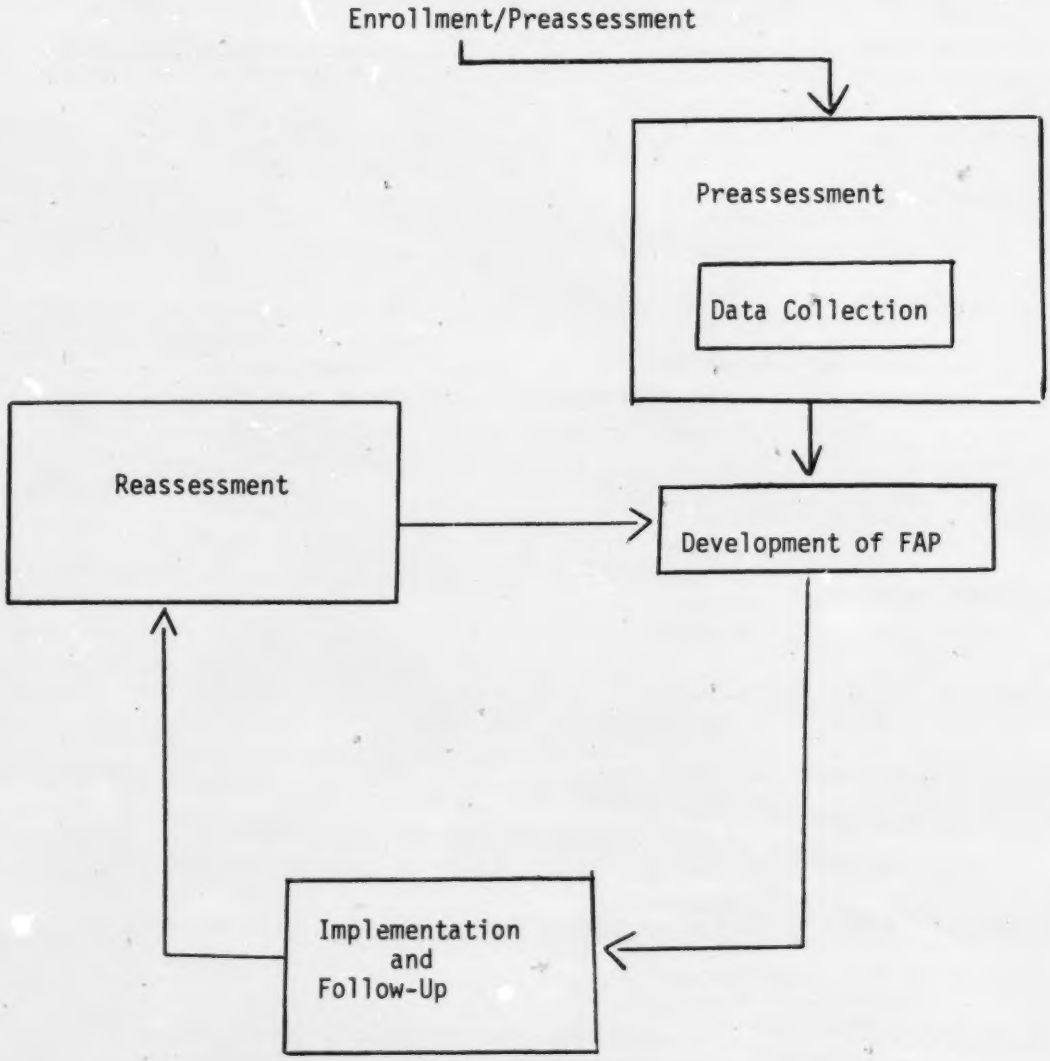
B. Continuous and periodic reviews of progress are conducted (at least quarterly) to update the FAP.

IV. REASSESSMENT

Continuous reassessment is done, beginning with II. above, and new or revised FAPs are implemented.

FIGURE 3

SCHEMATIC REPRESENTATION OF ASSESSMENT PROCESS



The relationship of CFRP to existing community resources is very important, since CFRP views the family as a unit, living in an environment of community resources. In other words, CFRP helps families identify, coordinate, and use these resources to meet their needs. Thus, each CFRP works closely not only with its Head Start program, but also with many community agencies providing day care, health, family counseling, social, and educational services, as well as organizations such as the local school system, libraries, Red Cross, YMCAs and YWCAs, Homemakers' Clubs, Girl Scouts and Boy Scouts, universities, etc. In so doing, CFRP links families and children to existing resources and simultaneously helps resource agencies coordinate and integrate their services so that they will be as efficient and useful as possible.

Informing the public is also important, so that the community can be kept up-to-date on CFRP activities. All CFRPs make an effort to keep the community abreast of services being provided and to identify areas in which needed services are insufficient or are not being provided at all. In some programs, annual Resource Fairs are held at which community resource agencies display and distribute information regarding available services and answer questions of community members. In others, senior citizens are utilized to assist in dissemination of information about available resources.

5. Programs for Parents and Their Children in the Prenatal-Through-Three Age Range

Every CFRP is required to provide programs for parents and their children in the prenatal-through-three (P-3) age range. As stated in the CFRP Guidelines, the goal for parents and their children aged P-3 is:

> Developmental services for families and children including programs designed to assist parents to promote the total (emotional, cognitive, language, and physical) development of infants and toddlers through three years of age.

Within these developmental areas, however, CFRPs realize that each child develops according to his/her own schedule.

As the guidance paper entitled Programs for Parents and Their Children in the Prenatal-Through-Three Age Range* states,

> The implementation of this philosophy will provide program activities based upon the needs of the family (assessed by family and program mutually) with primary focus

*Available from Child and Family Resource Program, Administration for Children, Youth and Families, Office of Human Development Services, Department of Health, Education, and Welfare, P.O. Box 1182, Washington, D.C. 20013.

on increasing the understanding of adults about the child's world, furthering better communication between adults and children, and fostering growth and maturity in both.

Thus, the following long-range goals for P-3 components within individual CFRPs can be listed:

a. To help staff become aware of the family's child-rearing practices and the personal, ethnic, and cultural backgrounds of family members that influence these child-rearing practices

b. To enhance interfamilial relationships that will support the growth of the young child

c. To provide pregnant mothers and their families with comprehensive prenatal information and care

d. To provide families with basic knowledge of child growth and development and to assist them in understanding the implications of same

e. To assist families in developing more effective parenting skills through utilization of increased information and knowledge

f. To provide families with the opportunity to reach out and share parenting experiences with others

g. To assist families in recognizing and accepting <u>each child as a unique individual</u>.

As the project descriptions in Section II indicate, the methodology for implementation of these goals varies from program to program. Some programs place heavy emphasis on following already established curricula of infant-toddler programs developed across the country by authorities such as Drs. Burton White, J. Ronald Lally, and others. Other programs adopt parts of these to their own curriculum designs. However, every CFRP has devised a written plan delineating (1) certain objectives or minimum performance standards and (2) responsibilities of staff members regarding overall management and coordination of its P-3 component. (For more information on this subject, see the guidance paper cited in the footnote on page 12.)

Each CFRP has assigned a staff member to be responsible for ensuring that the P-3 (or as it is sometimes called, the Infant-Toddler) component is implemented fully and effectively.

6. Preschool-School Linkages Programs

Among the objectives outlined in the CFRP Guidelines is the task of developing programs to ensure smooth transition from preschool into the early elementary school grades. Among other things, CFRPs have emphasized fostering good communications between Head Start and the public school system, developing systems for tracking Head Start graduates' progress once they enter public school, and encouraging parents to become active participants in the schools' parent involvement process.

The eleven CFRPs have been working at three basic levels to establish and maintain preschool-school linkages: administrative, program staff/school staff, and parent/school. In addition to encouraging dialogues between CFRP staff and parents, school administrators, superintendents, and others, some CFRPs such as the program in New Haven, Connecticut, utilize parents on the Policy Council, together with a Parent/School Liaison staff member, to ensure that realistic timeframes are established and that preschool-school activities are conducted and follow-up is done. In many programs, preschool records are shared (with written parental permission) with public schools, and often exchange visits are arranged between Head Start/kindergarten classes and teachers to facilitate the transition from preschool to school. In a few programs, Head Start and kindergarten teachers are working together to develop joint curricula, and often they participate in joint training activities, including workshops and conferences.

In most CFRPs, parents attend scheduled parent/teacher conferences and school meetings and assist in school-related activities, and school teachers are invited to participate in CFRP home visits. If appropriate, school staff are invited to participate in Family Action Plan meetings.

In general, each CFRP assigns a staff member to be responsible for carrying out the program's preschool-school linkage plan and uses professional staff and/or consultants to assist with specific problems relating to CFRP school-aged children.

7. Parent Education

Central to the implementation of all CFRP components is parent education, which is viewed as a cooperative venture between parents, children, and staff.

As stated in Parent Education: A Child and Family Resource Program Guidance Paper,*

> "The goal of the parent education program is to provide training activities that (1) increase parents' understanding of the goals of CFRP and its local program operation, and (2) facilitate an assessment process that individualizes a family action plan enabling parents to function as a more effective family unit."

All CFRPs have attempted to integrate parent---and family---education into their many diverse components.

Orientation for parents to the program, the assessment process, and a series of planned experience-based educational activities designed to address parents' goals/needs as identified in the assessment process represent some of the areas of which parent education is a part. Naturally, the P-3, Head Start, and preschool-school linkages components provide important vehicles for delivery of parent education pertinent to specific child and family development areas.

Regular and continuous staff training designed to keep staff informed about, and involved in, the educational/training activities that encompass the parent education program is also vital for all CFRPs.

For more information on parent education, see the guidance paper cited in the footnote on this page.

8. Staff Development and Participation

Using as a core the staff of the Head Start program, each CFRP has a staff of experienced personnel who participate in assessment; service delivery; and administration, coordination, and supervision of the program. In addition, many CFR programs have drawn on the Home Start demonstration program's experience and utilize trained home visitors as their direct contacts with enrolled families. Many of the CFRP staff members are paraprofessionals who come from neighborhoods similar to those of the families with whom they work. However, CFRPs often also utilize a team of professionals such as physicians, psychologists, educators, and social workers to work with parents and children to determine the amount and kind of assistance that they need and want.

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*Available from: Child and Family Resource Program, Administration for Children, Youth and Families, Office of Human Development Services, Department of Health, Education, and Welfare, P.O. Box 1182, Washington, D.C. 20013.

The training of CFRP staff members has varied from program to program, but in general it has been practical and has tried to encompass the total CFRP system. Pre-service training usually consisted of 3-4 weeks of activities such as formal and informal staff meetings, workshops, retreats, conferences, discussion groups, laboratory and field experiences, training in the use of media, and regional and State institutes. Several national conferences also have been attended by all CFRPs for the purpose of providing additional training in the CFRP concept and its implementation from the national viewpoint.

Strong emphasis has been placed on frequent, ongoing in-service training as well (often as frequently as weekly training sessions). The CFRP staff members are also involved in continuous staff training sessions dealing with new or previously unknown community resources as well as new and better ways to provide services. Among others in the spectrum of individuals who have been utilized for CFRP in-service training thus far are educators, pediatricians, psychologists, nutritionists, social workers, speech therapists, psychiatrists, public health nurses, experienced teachers of handicapped children, professors, communications experts, and trained home visitors.

CFRP staff members recognize that the home environment, as defined and provided by the parents, has the greatest impact on the child and that child development centers should therefore attempt to supplement and assist families. To do this, CFRP staff members rely on close relationships with parents and other family members so that the support services provided will not only benefit the child, but will build on existing strengths and goals of the family and thus foster the development of the family as a unit.

For example, CFRP staff members often:

- assist families to obtain complete medical, dental, and health evaluations, screening, diagnosis, and treatment
- discuss the nutritional needs of the entire family and assist families to enroll in food assistance programs, to obtain food stamps, or to utilize commodity foods and school feeding programs
- provide information and arrange for expectant parents to take classes in prenatal care and care of newborn infants
- provide infant-toddler programs and guidance to help parents promote the total development of children from birth through three years of age

- design provision of preschool Head Start services for children three to five and their families so that a smooth transition for children from Head Start into kindergarten or first grade is ensured

- arrange for tutoring sessions for school-age children who need assistance

- assist parents and older teenagers in securing information regarding employment opportunities

- inform parents of developmental activities for adults, such as Adult Basic Education courses, parent workshops, community classes, etc.

- assist families in emergency situations to secure needed food, shelter, clothing, transportation, etc.

- work with local school personnel, together with parents, to help solve school-related problems of CFRP children.

The constant challenge to CFRP staff members is to maintain a continuous, up-to-date evaluation of each family's needs and progress in relation to its previously identified goals, so that the changing basic needs of families continue to be met, while at the same time the independence and self-sufficiency of the families is encouraged.

9. Evaluation

In order to learn as much as possible about how the CFRP concept is implemented, and what the effects of the program are on the communities, families, and children involved, an extensive evaluation of CFRP has been undertaken. The evaluation design includes a study of CFRP processes (formative evaluation) and outcomes (summative evaluation) as well as general descriptive and cost analyses.

Major data collection periods will occur when babies enrolled in CFRP enter Head Start centers at about age four and can be compared with other entering children who were not in CFRP. Similarly, as children who have been enrolled in CFRP during their Head Start year(s) move through the early school grades, comparisons can be made with other similar children who have not had a preschool experience.

Although extensive program impact data are not yet available, interim formative findings, based on two years of program operation, indicate generally that communities and families are actively involved with the program, that all program components are being fully implemented, and that programs are in fact "tailoring" their program approaches in accordance with individual families' needs and strengths

as assessed jointly by family and program. Measures of program effects will be obtained over the next several years.

All evaluation reports are made available through the ERIC system.

The ACYF Project Officer for CFRP Evaluation is Dr. Esther Kresh. The evaluation contractor for the first two years of the evaluation was Development Associates, Inc., Washington, D.C. The current evaluation contractor is Abt Associates, Inc., Cambridge, Mass.

FIGURE 4: LOCATIONS OF ELEVEN FEDERALLY FUNDED CHILD AND FAMILY RESOURCE PROGRAMS

II. PROJECT DESCRIPTIONS

Project Title: Child and Family Resource Program
197 Dixwell Avenue
New Haven, Connecticut 06511
Phone: (203) 787-0209
Head Start Director: Ms. Grayce Dowdy
Project Coordinator: Ms. Barbara Providence

ACYF Regional Office (Region I):
Administration for Children, Youth and Families
Department of Health, Education, and Welfare
JFK Federal Building
Government Center
Boston, Massachusetts 02203
(617) 223-6450

Located in the southwestern portion of Connecticut, the New Haven CFRP serves several "pocket" areas as well as a large subsection of New Haven, bordered on three sides by river or harbor. Known as Fair Haven, this was traditionally a working-class area, dominated by Italian and Irish immigrants; recently, black and Spanish-speaking people have also migrated to Fair Haven. Pockets of low-income families in sections of Eastern Heights and in a low-income housing project located near Wooster Square are also served by the CFRP. These housing project families have always found it difficult to obtain needed services, due to geographic isolation, since the project is surrounded by highways and railroads.

Of the 24,000 people living in Fair Haven, approximately 10 to 12 percent are below the poverty guidelines. Elderly people account for roughly 21 percent of the population, while children comprise an estimated 25 percent. The area ranks high on all major indices of poverty. The ethnic breakdown is approximately 25 percent black, 15 percent Spanish-speaking, and 60 percent white. Among most low-income families in Fair Haven, the problems stem from poor diet, low education levels, substandard housing, overcrowding, and a variety of related causes endemic to families subsisting at or below poverty level.

The family assessment process in the New Haven CFRP is of interest, partially because of its simplicity. It is based on a series of visits by a CFRP staff member to the home of each CFRP family, with each visit focused on obtaining information of an increasingly complex level. Four family advocates each make approximately 4-5 home visits to enrolled families to perform the initial needs assessment process. They provide a continuing liaison with the families and work toward the gradual buildup of a trusting relationship with each family, while explaining every step of the needs assessment process to the family. Each successive visit determines more about the family and begins to identify needs and formulate a plan to meet the needs.

As part of New Haven's infant-toddler program 2-hour sessions are held weekly at a center where CFRP staff work with parents of babies and young children to help them understand child development processes. The infant-toddler program emphasizes activities that parents can integrate into everyday life at home without special toys and materials.

As a part of this program 1-hour weekly home visits are made by home visitors to homes having children from infancy to 3½ years old.

During these visits the home visitor is involved in a number of different activities, from a walk to the park, to making playdough and puppets. The toddler teacher focuses on the parent and child's interaction, encouraging more experiences which will lead to a more positive and greater understanding by the parent of the very young child's needs. Through these experiences, the parent will become more open to and aware of all her children's needs.

The New Haven CFRP also employs a Parent Activity Coordinator to develop and coordinate workshops and activities for parents who have expressed interest in them during the assessment process. This coordinator also works closely with classroom teachers and parent-school liaisons in the Head Start classrooms in the city, as well as with four toddler tenders, who provide child care at the centers while parents attend meetings or workshops.

One of the most striking features of the New Haven CFRP is its extensive use of videotaping as a means of making better use of existing community resource agencies. The New Haven CFRP staff visits the participating agency (adult basic education, school, clinic, etc.) and makes a videotape of the process and activities of that agency or program. The tape is then used in the following ways.

(1) The Advisory Committee (comprised of representatives from all agencies in the Fair Haven area) uses it to understand the particular agency's services more fully.

(2) The agency staff involved in delivering the service can see what they look like and use the tape for in-service training, or they can use the tape as a public information tool.

(3) Both CFRP families and others in the community view the tape so that they will be better informed about available community resources.

(4) CFRP staff use the tapes for in-service training.

All agency tapes are kept in the CFRP video library and are available to the community at large.

Project Title: Poughkeepsie Child and Family Resource Program 162 Union Street Poughkeepsie, New York 12601 Phone: (914) 452-7726 Project Coordinator: Mr. Kingston Holcomb	ACYF Regional Office (Region II): Administration for Children, Youth and Families Department of Health, Education, and Welfare Federal Building 26 Federal Plaza New York, N. Y. 10007 (212) 264-4122

The Poughkeepsie, New York CFRP serves a small urban area in the center of Poughkeepsie (population 32,000) located on the banks of the Hudson River in the Hudson Valley, 75 miles north of New York City and 75 miles south of Albany. Although it has a few large companies and a portion of commuters who work in New York but live in Poughkeepsie, the city suffers in general from a dwindling population (evidenced by a 10,000-person decline in the last 10 years) and a loss of city business to suburban shopping complexes. A shortage of low-income housing, low educational levels and illiteracy, and a lack of training for the unemployed are also problems in Poughkeepsie.

The Poughkeepsie CFRP covers an area of four square miles and serves approximately 60 percent black families (many of whom migrated from the southern States) and 40 percent white families. Roughly 70 percent of the CFRP families are single-parent families; thus, lack of adequate day care poses a problem for children whose mothers work on "swing shifts" (particularly in the three large State hospitals and correctional facilities nearby).

Two Head Start centers form the nucleus for the Poughkeepsie CFRP and Head Start staff in these centers have been trained in the CFRP concept.

Some experienced mothers have become part of the Poughkeepsie CFRP staff to provide ongoing assistance to other enrolled families. These Infant-Toddler Specialists (formerly called Family Resource Assistants) work especially with parents of children from birth to age 3, although they also occasionally coordinate plans for other age groups.

Like all CFRPs, Poughkeepsie has identified and is using literally dozens of existing local community resources to help parents maintain and support the development of their own children. However, a special feature in Poughkeepsie is the conduct of short-term mini-programs, sponsored by various agencies at the request of the CFRP, to help parents solve identified problems and needs. For example, the Astor Child Guidance Clinic has conducted separate series of sessions for parents on (1) family communication, (2) child management, and (3) foster parent counseling; and a nutrition agency (ENEP) has offered a short-term course in family nutrition. These mini-programs are varied and change frequently, to accommodate emerging needs expressed by families.

To assist families with health, safety, and nutrition needs, the Poughkeepsie CFRP has employed a full-time nurse to link families to health agencies in the community and to assist with family crisis situations.

As one Poughkeepsie CFRP staff member puts it, "The only way to help parents become effective participants in the development of their own children is to focus on the total family unit. Each staff member recognizes that it is important to have services for the family, but more important is the necessity of integrating these services with whatever else is happening within that family unit."

Project Title: Child and Family Resource Program
Schuylkill County Comprehensive Child Development Program
P.O. Box 302
Route 61
Schuylkill Haven, Pennsylvania
17972
Phone: (717) 385-3986
Project Director: Mrs. Eileen Klotz

ACYF Regional Office (Region III):
Administration for Children, Youth and Families
Department of Health, Education, and Welfare
Gateway Building
3521 Market Street
Box 13716
Philadelphia, Pennsylvania
19101
(215) 596-6761

The Schuylkill County Child and Family Resource Program is located in the heart of the anthracite coal region in Northeast Pennsylvania. It serves a rural and urban population that is characterized by a high unemployment rate and the lowest per capita income in the Northeast region of Pennsylvania. This is due to the decline of the coal mining industry and a minimal development of agriculture and textiles.

The Child and Family Resource Program of Schuylkill County is one of four programs operated by the Schuylkill County Comprehensive Child Development Program, which provides a varied and complex range of services to meet the needs of this economically disadvantaged area. The other three programs administered through the Comprehensive Child Development Program include The Head Start Program, Title XX Day Care Program, and The County Fee Pay Program.

The program staff finds that this comprehensive approach to service delivery allows for individualization through a cooperative effort of funding.

To meet the goal of individualized services to children and their families, the Child and Family Resource Advisory Board was initiated. This Advisory Board is composed of the staff of the Schuylkill County Comprehensive Child Development Program, the directors of the Human Services Agencies within the county, parents, and community representatives. The Child and Family Resource Advisory Board has become a community resource which enables the families enrolled in CFRP to choose from a variety of programs and services to meet their needs. In addition, the Board provides an opportunity for agency directors to discuss the quality of service delivery within the community. The impact of the Advisory Board is most apparent where it coordinates, for the family, the limited resources available in the community.

An Assessment Committee, a subcommittee of this Advisory Board, works with the staff and individual families in identifying needs and developing action plans directed toward the satisfaction of those needs.

A focal point of the Schuylkill County CFRP is the parent education program, which assists parents in becoming more active and knowledgeable in their role as the prime developers of their children. Home visitors provide parents with parenting information and encouragement. In addition, workshops are offered in five sites throughout the county, where various topics ranging from child care for infants to developing as an individual are addressed.

Another key element of the Schuylkill County CFRP is the infant-toddler program. This program consists of a center-based program for working parents, a majority of which are single-parent families, and a home-based program in which both children and parents are involved in developmental activities.

In cooperation with the other programs of the Schuylkill County Comprehensive Child Development Program, the Schuylkill Haven CFRP attempts to support the family as the prime developmental influence on its children and recognizes that only when the needs of all family members are addressed can the program's impact on children be most effective.

Project Title: Pinellas County Head Start and Child and Family Resource Program
1344 22nd Street, South
St. Petersburg, Florida 33712
Phone: (813) 821-4627
Head Start Director: Mr. William Fillmore, Jr.
CFRP Coordinator: Mr. George Farrow

ACYF Regional Office (Region IV):
Administration for Children, Youth and Families
Department of Health, Education, and Welfare
Peachtree-Seventh Building
50 7th Street, N.E., Room 359
Atlanta, Georgia 30323
(404) 881-3936

Located in an urban area midway along the west coast of Florida, the St. Petersburg CFRP serves an area on the south side of the city. Although several large companies have facilities in St. Petersburg, there is not much heavy industry, and tourism is the main source of income. The CFRP serves an area populated by both black and white families, with black families in the majority.

There are approximately 11,000 people living in low-income housing projects, HUD 235 homes, and multiple dwellings in this area. Roughly 17 percent of the population have incomes at or below the poverty level, and of these, 3 percent, or 5,080 families, receive Aid to Families with Dependent Children (AFDC). Due to the temperate climate and low cost of living, senior citizens comprise a significant portion of the population and face many problems common to the elderly age group.

Because the St. Petersburg CFRP is located in the area it serves and other service agencies are also nearby, the problem of coordinating resources is reduced. The CFRP has been able to arrange for complete medical and dental screenings for all CFRP family members at no cost to the program through local resources.

A Parent Center, designed to provide CFRP families with enrichment activities, is a unique feature of this program. Activities provided there include sewing, cooking classes, parent study groups on child development, and family "fun nights." The center is also equipped with facilities including a learning laboratory to assist in developing social, emotional, educational, and other skills of children from the newborn stage to age 3. The learning lab has an observation booth that is used for both staff and parent training.

One of the more unusual features of the St. Petersburg CFRP is its provision of day care services, through "Project Playpen" homes. Project Playpen enrolls children from newborn up to age 3 in 42 licensed day care homes serving approximately 145 children. A CFRP

family can thus take a newborn child to Project Playpen, where he or she will obtain day care until the age of three. Then, the youngster can enter Head Start and remain in Head Start until he or she is ready for public school. Thus, the Project Playpen concept enhances continuity of education experiences for a child from birth to age 5 or 6.

Some of the additional services that the St. Petersburg CFRP coordinates with other agencies include:

(1) A tutoring program for school-age CFRP children

(2) Family counseling services (both individual and group)

(3) Diagnostic services for children and their families, utilizing specialists in psychiatry, psychology, psychiatric social work, learning disabilities, etc.

(4) An enrichment program, based on expressed needs of CFRP families, including family outings, picnics, field trips, and other recreational activities

(5) Parent study groups focusing on how to cope with family problems such as child-rearing, budgeting, sex education, etc.

(6) Planned parenthood and prenatal services, offered through the local health department

Like other CFRPs, the St. Petersburg program is constantly attempting to work with changing and new needs of its families. In the words of the staff, "We are attempting, through CFRP, to lay the groundwork for coordinating the delivery of services to the poor. And we are dedicated, as a staff, to providing our families with skills and knowledge necessary to become independent."

Project Title: Jackson Child and Family Resource Program
Region II Community Action Agency
401 S. Mechanic Street
P.O. Drawer 1107
Jackson, Michigan 49204
Phone: (517) 784-9141
Project Director: Ms. Sally Schwyn

ACYF Regional Office (Region V):
Administration for Children, Youth and Families
Department of Health, Education, and Welfare
300 South Wacker Drive
Chicago, Illinois 60606
(312) 353-1784

The Jackson-Hillsdale, Michigan CFRP serves the predominantly rural southern Michigan counties of Jackson and Hillsdale, whose combined population totals 180,445. The largest city in this area is Jackson, with a population of approximately 45,000, which is the main area served by CFRP. Approximately 6.6 percent of the families in Jackson County have incomes below the poverty level, while 9.0 percent of Hillsdale County's families are below poverty level. The CFRP serves mainly young blacks and whites who have fairly large families and live in densely populated neighborhoods.

Jackson and Hillsdale industries are largely small automotive supply plants, although recently several larger concerns have become part of national conglomerates. Agriculture is a major source of employment, particularly in Hillsdale County. Lack of public transportation in rural areas poses some service barriers to families. Housing remains a critical need of many families, although recent subsidized rural developments are drawing the low-income populations. In fact, the location of several units outside the central city services area in Jackson into suburban locations is causing a shift of needs for these families. Education and job training remain problems for many families complicated by changing employment patterns in major Michigan industries and recent high unemployment rates.

The Jackson CFRP uses a basic "task-centered" approach to meeting family needs. Families meet with family development and social services staff to discuss their strengths and needs, set family goals, and develop action plans to meet specified objectives.

Family profiles, reflecting areas of family function and community interaction, become the basic instruments for assisting families to set goals, determine priorities, and evaluate family movement during program participation. Service coordinators provide advice on appropriate referrals and monitor follow-up activities with family development staff. Regular reassessments are scheduled every six months, with interim adjustments and referrals resulting

from home visits and parent education sessions involving families and family life educators.

The parent education component emphasizes parenting knowledge and skills in the total family environment. Therefore, not only child growth and development but family interaction, community and social relationships, and utilization of available resources are stressed. Mental and physical health, nutrition, and consumer information are primary concerns of special programs which involve the Agency's Creative Environment Workshop and community cultural resources.

CFRP enrollees are provided a variety of options, all of which involve parent education, including center- and home-based Head Start, day care, a prenatal through age 3 program, and school linkage programs. All children have some center-based activities, with parent-child interaction opportunities integrated into the center-based parent education programs.

The prenatal through age 3 program follows a developmental model based on research of Dr. Burton White's Harvard Preschool Project and the Brookline Early Education Project, as well as elements of other research and demonstration programs.* Activities begin through contract services with a prenatal maternal/child clinic which stresses parent interaction and education, followed by a home-based approach in which home visitors attempt to increase involvement of parents with their young children, and family life educators provide support relationships and family life education services.

Not only is there close liaison with school personnel in kindergarten entry and early elementary years, but the school linkage resource program offers after-school library, workshop, and remedial activities. Home visitors act as liaisons with the children, families, and school personnel to coordinate these enrichment activities with each particular child's needs.

Closed-circuit TV and portable units combined with a family interaction area are used for observation and role-playing activities for parents and staff, and active interactions of children and families. In addition, sequential tapes are made over a span of time to provide a record of individual child or family growth and movement.

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*For more information on the Harvard Preschool Project contact Dr. Burton White, Graduate School of Education, 514 Larsen Hall, Appian Way, Cambridge, Massachusetts 02138.
For more information on the Brookline Early Education Project, write Dr. Donald Pierson, Director, Brookline Early Education Project, 287 Kent Street, Brookline, Massachusetts 02146.

CFRP staff and parents are also provided numerous opportunities for participation in training and continuing education. Through classes and workshops (planned by Community Action Agency staff), the CFRP staff and parents can receive academic credits from Michigan State University, Jackson Community College, or the Adult High School of the Jackson Public Schools. Other activities with staff and parents include liaison with Spring Arbor College and Eastern Michigan University.

Project Title: Oklahoma City Child and Family Resource Program
Oklahoma City and County Community Action Program
219 Park Avenue
Oklahoma City, Oklahoma 73102
Phone: (405) 272-9311
Project Director: Ms. Jo Livingston

ACYF Regional Office (Region VI):
Administration for Children, Youth and Families
Department of Health, Education, and Welfare
1507 Pacific, Room 910
Dallas, Texas 75201
(214) 749-2491

The Oklahoma City and County Child and Family Resource Program operates in a semi-rural setting of far Northeast Oklahoma City and County. Farm houses, livestock, and community gardens provide dramatic contrast to public housing sites and the new community health facility.

Many varied lifestyles and cultures comprise the CFRP target area, but the majority of participants in the CFRP are black families. (A proportionate number of white and Native American families, reflecting the demographics of the CFRP target area, also participate in the program). The CFRP target area encompasses the largest public school district in the State, Oklahoma County Public School District #89.

A strong feature of the Oklahoma City CFRP is its health component. The Mary Mahoney Memorial Health Center provides a variety of health screening and follow-up services to CFRP families; the Oklahoma City Psychological and Educational Center provides speech and language development screening and follow-up examinations for CFRP children; and the Family Counseling and Child Development Center provides group programs for parents, special services for children with special needs, family and group counseling, and staff training.

Like other CFRPs, the Oklahoma City CFRP is continuing in its efforts to facilitate a smooth transition from preschool to public school. Many joint projects such as staff training, volunteering in the public school classrooms, field trips, and exchange of program information characterize this component of CFRP. Participation by public school personnel on the CFRP assessment team and by CFRP parents as volunteers strengthens this component.

In recent years, the CFRP has sponsored a summer program for kindergarteners to third graders and their parents focusing on educational and recreational activities. The summer program is staffed by parent volunteers, social work and special education students, and family advocates. Individualized classroom experiences and community exploration are key features in this program, for which lunches are provided by the Oklahoma City Parks and Recreation summer lunch plan.

At the Oklahoma City CFRP site, an outdoor recreational facility featuring equipment for family members of all ages has been developed. Commemorated in honor of Lyle Jones, the late Education Coordinator for the Community Action Program/CFRP, the playground contains both active and quiet play areas. Equipment for handicapped children (such as a wheel-through tunnel which has the dual purpose of manipulative and climbing bars to be used by all children) is well integrated into the play area. A picnic table which doubles as a game table, a bicycle trail, climbing fort, swinging clatter bridge, tire swings, and conventional equipment enhance this family outdoor recreation area.

Oklahoma City also offers a CFRP intergenerational component, featuring the positive involvement of senior citizens with preschool children and family members. The goal of this component is to help dispel the myths that preschool children often have concerning aging and to give the senior citizens a positive experience in working with young children. Volunteers are continually recruited from the CAP senior citizen program and other agencies which work with older adults.

As with other CFRPs, the Oklahoma City program has a prenatal-through-age-three (P-3) component. Three groups presently comprise this component: one group of expectant parents, and two groups of parents with newborn to 3-year-old children. The two groups with newborn to 3-year-old children attend workshops and parent education classes four times per month. One group is known as PATTs (Parents And Tiny Tots), and is conducted by the Rainbow Fleet of the Oklahoma City Arts Council under the supervision of a child development consultant. The second, TIPS (Toddlers, Infants, Parents Stimulation) meets twice each month at the Family Counseling and Child Development Center in Oklahoma City, under the supervision of a child development specialist. Both groups receive information on educating the infant and toddler, and the growth and development patterns of children in the P-3 age range. Participants are grouped by the developmental age of their children and according to the assessed needs of the individual parent and child. A lending library is maintained at the CFRP center with materials available for loan to program participants. Parents from both of the newborn-to-3 education components take home activity kits tailored appropriately for the age and/or developmental phase of the child enrolled in the newborn-to-3 component.

Project Title:	Gering Child and Family Resource Program	ACYF Regional Office (Region VII); Administration for Children, Youth and Families
	Nebraska Panhandle CAA	Department of Health, Education, and Welfare
	1840 Seventh Street	Federal Office Building
	Gering, Nebraska 69341	301 E. 12th Street Kansas City, Missouri 64106
Phone:	(308) 436-5076	(816) 374-5805
Project Director:	Ms. Joan Cromer	

Located in the extreme western section of Nebraska, the Gering, Nebraska CFRP serves an area which is almost totally dependent on agriculture for its income, chiefly in the form of bean, beet, corn, and alfalfa crops. Scotts Bluff County, with a population of 35,000, has been the primary target area for CFRP, and includes numerous Mexican/American migrant farm laborers as well as Indians (Sioux) and whites. Recently, many migrants have become permanent residents and are trying to live on wages from seasonal work. This has led to regular periods of unemployment when the need for support from resource agencies has become even more pronounced. The program was enlarged to cover Kimball County (some 45 miles distant) in 1976. Other than wheat farming, the area there was the site, a decade ago, of missile-base installations and oil drilling and exploration, both of which have now dwindled leaving limited employment opportunities.

As with other CFRPs, the work of the home visitor is the vital link between the family and the program. One key element in the Gering program is the frequency of home visits. Home visitors encourage parent participation to promote initiative and leadership, so the family becomes a contributing member of the community. Like other CFRPs, the Gering program has utilized home visitors extensively as part of its needs assessment and resource referral service. The six home visitors, together with the coordinators for resources, health, nutrition, education, and social services, have assisted families in the areas of housing, health, social services, employment opportunities, and use of community resources, as well as child development and parenting skills. A strong training focus is on knowledge and utilization of community resources. Community resource visits are made by each new staff person to resource agencies by appointment to learn about their services, describe the program, meet that agency's staff, and become familiar with the agency's location and the materials it has available.

One of the strongest features of the Gering CFRP has been its utilization of the media to publicize both CFRP activities and community resources. In addition to developing both a general resource manual which is regularly updated and a medical resource manual for all area resource personnel, CFRP staff have used many forms of media to inform the public of available resources. News releases are

sent to five area newspapers, five radio stations, and two TV stations, and news media personnel are visited regularly to keep them informed of newsworthy activities and planned events. The CFRP resource coordinator moderates a weekly 30-minute TV Program entitled "Did You Know?" which provides communications to families regarding child development, nutrition, etc. and informs area residents of available human resources. Staff members have also assisted with the development of a sound/slide program and make presentations on an average of once every two weeks to area groups interested in CFRP. Numerous public-service announcement CFRP "spots" have been taped by staff members for local TV and radio stations. Other resource coordination efforts have resulted in the organization of an Interagency Council, three day care centers (in Scottsbluff, Gering, and Kimball), and a nationally affiliated Voluntary Action Center.

To assist parents with providing educational experiences for their children throughout the summer months, the Gering CFRP operates two mobile toy lending libraries. These help provide children without toys the experience of having them and the responsibility of taking care of them and learning from them, and they also assist parents by providing them with educational aids that they can use with their children. Throughout the rest of the year, the toymobiles become Head Start vans. The Kimball County CFRP provides a toy-lending library during the summer months.

The Gering CFRP has also established a working relationship with the public school system. CFRP/Head Start staff hold conferences with personnel from all schools attended by children of CFRP families and arrange meetings with school personnel to initiate tutoring sessions and assist with absenteeism and learning problems of school-age CFRP children. Occasionally, school personnel are involved in the family assessment process. Parents participate in parent-teacher conferences, PTA or local school organizations, and advisory groups. School personnel assist with Head Start/CFRP program evaluation, participate in exchange center-classroom visits, and occasional joint in-service training.

The infant-toddler program is headed by an infant-toddler specialist and assistant and includes home visits, parent classes, and use of the toymobile. Families with infants and toddlers are visited at a minimum of twice monthly; there is one infant-toddler parent-interaction class each month; and during the summer the toymobile visits the family each week (alternating between checking out toys, and instructing parents in a family project for learning). Head Start teachers, home visitors, and the infant-toddler specialist and assistant all participate in the infant-toddler program. Staff members receive ongoing training on a regular basis (at least once per month).

Every attempt is made to assist all ethnic groups in the area. CFRP efforts to date have included assistance in organizing medical meetings designed to explore possible solutions to poor health services for Indian people and participation in cultural awareness

workshops presented to help local and resource agency personnel understand the cultural background of Indians and Mexican/Americans. Staff members are presently participating in a NIMH grant aimed at improving human service delivery systems through an increased awareness of cultural and ethnic traditions and value systems.

Project Title: Child and Family Resource Program
Bismarck Public School District Number 1
400 Avenue E
Bismarck, North Dakota 58501
Phone: (701) 255-4067
Project Director: Mr. Roger Schultz

ACYF Regional Office (Region VIII):
Administration for Children, Youth and Families
Department of Health, Education, and Welfare
19th and Stout Streets
Denver, Colorado 80202
(303) 327-3107

Located in the south-central part of North Dakota along the Missouri River, the Bismarck CFRP serves an area encompassing almost 14,000 square miles. The city of Bismarck, with a population of approximately 50,000, is the fastest growing city in the State and provides a small urban "oasis" in the midst of largely rural farm country. The average income of families served by the Bismarck CFRP is less than one-third of the average income of families living in Bismarck. Thus, despite the fertile soil, poverty has made its mark here, too, particularly on the low-income white families who reside in outlying areas.

The Bismarck CFRP has an unusual administrative arrangement, in that it is one of several early childhood programs administered under the Bismarck Early Childhood Education Program's umbrella. Other programs include the Head Start program, day care services, and a program for multi-handicapped children aged 0-8. The Bismarck staff feels that this structure is a strong point because all programs are under a single administration, which allows more funds to be spent for services to children. As a result of this administrative arrangement, too, a sizeable number of CFRP families with handicapped children are receiving services (made possible under a grant from the U.S. Office of Education's Bureau of Education for the Handicapped) such as speech therapy, services for children with learning disabilities and emotional problems, and physical therapy.

In addition to sharing physical facilities with the Bismarck public school system, the CFRP staff also maintains close contact with school system personnel. Many CFRP mental health services are provided through the public schools; a speech and language specialist in the school system works with the CFRP speech therapist; and a school physical and occupational therapist assists CFRP families with handicapped children.

As with other CFRPs, assessment of the family plays a large part in the BECEP program. Family advocates use the following tools to assist families in achieving objectives and meeting identified needs:

(1) The Resource Looseleaf Notebook provides to the family a card with agency referral information.

(2) Family counseling and prenatal counseling gives support to the family in following through on referrals.

(3) Supportive counseling is given for crisis prevention.

Several program options which provide both center- and home-based experiences are available through BECEP, including:

(1) Toddlers With Infants Gaining Stimulation---A program offering to mothers and children 0-3, information on child development and management, staff modeling, films, discussions, videotapes, educational activities, peer group activities for children, support groups for parents, and development of observation skills for defining and interpreting children's behavior and determining appropriate parenting responses. Children in this program are tested yearly for developmental lags.

(2) Creative Parenting---A curriculum offering to parents, in a class or group setting, information and opportunities for skills application and follow-up. The BECEP-designed curriculum for Creative Parenting includes materials, films, handouts, discussions, videotapes, role playing, modeling, observation, and trial-and-error activities.

(3) Home-based Head Start---A program for children 4 to 6 years old who are unable to attend the center-based program. These children are screened for developmental levels, and individual programs are provided through family advocates' home visits and the use of family educators and Head Start teachers as resources.

(4) Center-based Head Start

(5) Special Needs---A program available to CFRP children from the newborn age to 8 years old who in testing show a special need in emotional and physical development, speech, hearing, or intellectual abilities.

(6) Day Care---A program also available to CFRP children who have working or in-training parents, or parents who have extreme difficulty in child management. Children range from 2 to 6 years old. Summer day care includes children from 2 to 12 years old.

Like others, the Bismarck CFRP aims to integrate the family into the community, thus several byproducts of the program are:

(1) A continual resource to families who have moved their children into first grade but may need periodic additional services or further help in child development.

(2) The school linkage services to the first, second, and third grade teachers, which provide a sharing of information on the child's progress and adjustment with follow-up in the home as well as special tutors where necessary.

(3) Community inter-agency meetings, which provide a chance for agency staff to discuss families and prevent duplication of services and undue frustrations for the family.

CFRP offers a complete health and nutritional program for all BECEP children from the prenatal age through age 18.

One interesting feature of the Bismarck CFRP is its expansion of the toy lending library idea into a full-fledged "Lending Closet" for CFRP families and the community. In addition to toys, the Lending Closet also provides:

(1) Emergency food, clothing, and other household needs

(2) A parent-child library including books and pamphlets for children and families

(3) A professional library for community agencies that work with children and the total family unit

(4) An audio-visual equipment and materials library

(5) A replication and demonstration library for exchange of information regarding materials, services, speakers' groups, etc.

(6) A training resource center for CFRP and other community agencies and programs to share expertise in areas such as early childhood education, parent-family education, and public school education.

(7) A materials reproduction center for child development programs in Region VIII

(8) An inventory and control center for BECEP supplies and equipment

(9) Educational materials, games, and toys.

Project Title:	Child and Family Resource Program Economic Opportunity Board of Clark County 2228 Comstock Drive Las Vegas, Nevada 89106	ACYF Regional Office (Region IX): Administration for Children, Youth and Families Department of Health, Education, and Welfare Federal Office Building 50 United Nations Plaza San Francisco, California 94102
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Project Director:	Ms. Jean S. Dunn	

Located in a valley in the desert, surrounded by mountains, Las Vegas is dependent upon tourism as its main source of income. There is little industry and thus a dearth of employment in the area.

Approximately 402,000 people live in Clark County, the area served by the Las Vegas CFRP. The population consists of whites, blacks, Latin Americans (Cubans, Mexicans, and Puerto Ricans), native Americans, and Orientals (Laotians and Vietnamese).

The Las Vegas CFRP, covering both urban and rural areas in Clark County, provides needed educational, health, and supportive services to identified low-income, target families. The majority of the CFRP families are black, but the program also serves whites, Latin Americans, and native Americans. The program is made up predominantly of single and teen-age parents. Many CFRP parents face problems such as low educational levels, lack of skills, and lack of job training, thus making suitable employment unavailable. Those who are able to find jobs in the hotel industries find that day care is tremendously expensive.

The Las Vegas CFRP, along with the abundance of community resource agencies that are included in the CFRP network, has committed itself to help CFRP families maintain and support the development of their own children.

The CFRP has been able to arrange for complete eye examinations and medical and dental screenings for all CFRP target age children at no cost to the program. Medical screenings of a limited nature are provided to adults free or on a low-cost basis.

In Las Vegas, the family assessment process involves two assessment teams. The first team includes the family, the specialist from each CFRP component, the CFRP home visitor, and the program director, who discuss each individual family's strengths, needs, and goals. The second team meets on a quarterly basis and includes parents, representatives from other organizations and community agencies, and CFRP/Head Start staff. At these meetings, gaps in existing services are discussed and other services are explained.

Although a reassessment of families and resetting of goals is scheduled every three months, the CFRP also assists families in reassessing their situations more frequently, as needed.

Each year the final meeting of the quarterly assessment team ends with a large local conference, so that representatives of public and private agencies can meet with parents to evaluate past and current services, discuss future plans, and set priorities for new services.

Like other CFRPs, Las Vegas has a prenatal-to-age-3 program with activities modeled on the work of Drs. Burton White and J. Ronald Lally. Six trained CFRP home visitors make biweekly visits to CFRP families to inform them of new resources, etc. to use in working with their children. During alternate weeks, parents are involved in center-based activities which follow up on and reinforce their home visit. They participate in workshops and receive additional information on early childhood development, health, nutrition, prenatal care, family planning, social services, and family counseling.

Activities are also set up to accommodate special interest groups, e.g., teen parents and parents with teenage children. Parents participate in workshops where they learn to utilize everyday items in the home to make enjoyable and educational toys for their children.

The CFRP's preschool-school linkage component is designed to ensure a smooth transition for children from preschool to the early elementary school grades. Due to the integration effort in the Las Vegas area, former CFRP/Head Start children aged K-3 are enrolled in more than 50 of the county's elementary schools. Studies of considerations involved in a smooth transition of preschool children into elementary grades resulted in the development of a "Follow-Through Evaluation Tool." This tool is basically an attitudinal assessment, intended to reflect progression or regression the child might exhibit after leaving Head Start. The education specialist holds a conference with school personnel to ensure correct usage of the tool. This follow-through assessment has been completed for the CFRP and former Head Start children enrolled in kindergarten classes throughout the county. The parents and education specialist receive a copy of the tool each time one is completed by the teacher.

In conjunction with tracking the continuing progress of CFRP children enrolled in grades K through 3, the home visitors encourage parent involvement in the local PTAs and parent-teacher conferences. A Preschool-School Linkage Advisory Board, consisting of public school personnel and representatives from the community and the CFRP, is being formulated. Joint workshops with staff, parents, and school personnel have been planned. All staff and parents will be trained in the following areas to assure a more positive relationship between CFRP families and the public schools:

(1) Role and responsibilities of the elementary school teacher.

(2) Knowledge of the school district's administrative structure.

(3) Knowledge of available support services and how to obtain additional needed services.

(4) Goals of elementary schools.

(5) Recordkeeping and reporting systems used by elementary schools.

(6) Knowledge of the law regarding school records and procedures for reviewing records.

The CFRP is in the process of developing "Learning Kits" to be left in the homes on a biweekly basis. The learning kit concept has two focuses: one, on the development of a positive self-concept in parents, including improving the quality of parent-child relationships through using constructive and effective techniques when working with parents; and the second, related to practical tasks which motivate parents to teach and help parents learn effective methods of teaching basic skills to their young children. The kits are being developed sequentially based on the ages of the children in the program and contain a rationale, objectives, list of skills being taught, materials, and a complete set of written instructions to help parents learn that they can be effective teachers of their children.

The CFRP operates a fully equipped resource center ("lending library") from which the parents, staff, and community resource people may check out available materials for a 2-week period. The resource center provides: (1) a parent-child library, including books and pamphlets for children and families; (2) educational toys and puzzles for infants, toddlers, and preschool-age children; and (3) resource books and materials that can be used by staff, parents, and community agencies.

CFRP parents and staff are provided numerous opportunities for participation in training and continuing education through a series of classes and workshops offered by the public school system, the community college, and the University of Nevada at Las Vegas.

Home visitors undergo continuous and ongoing training to assist them in identifying and assessing the educational needs of CFRP children and helping parents interact with their children in developing basic skills.

The Las Vegas CFRP also has a parent cooperative which is planning to initiate a "Swap Meet" where parents will gather to exchange clothing, toys, and other items that they have made.

Project Title: Child and Family Resource Program
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This urban CFRP is located in Salem, Oregon, the capitol of Oregon. Residents of the area are predominantly white and generally find employment in State government or agriculture. Despite these two large industries, however, there are a sizeable number of low-income families in Salem, faced with problems of unemployment or only seasonal employment, lack of low-cost health facilities, low educational levels, and single-parent homes.

The Salem program has fully integrated Head Start and CFRP, so that all enrolled families receive CFRP services in a single, comprehensive program.

The primary local goal of the Salem program is to help each family develop to its potential as an effective child-rearing unit. Emphasis in contacts with families is placed on individual responsibility and human growth: People can learn to take responsibility for their actions when choices are not only understood but internalized, and support is available.

The key to this in-depth approach is the motivating role of the family advocate. The advocate serves a complex role as a family educator/counselor, working with the family and community to provide for internal and external support systems to enhance the family environment for children.

In the Salem CFRP, families, CFRP staff, and community professionals (when needed) meet annually for a dynamic process called Family Action Planning. Families may ask for additional meetings as necessary. Agreements detailing plans made at these meetings are signed by both CFRP staff and family members, to show commitment on both parts to carry out proposed plans. Evaluation of services received is a part of all meetings after the first one, so that staff can continually be aware of strengths and weaknesses in the CFRP resource network as well as family reactions to services provided. The Family Action Plan (FAP) is reviewed by staff quarterly for progress.

Education services for children in Salem's CFRP not only provide Head Start classes for 3-, 4-, and 5-year-olds, but also playgroups for toddlers (age 1-2) and tots (age 2-3). These playgroups give a lab experience for parent-child interaction as a learning experience for parents as well as a social experience for children.

Salem CFRP parents are given a variety of options for parent training. Home-based parent training can be delivered on a regular basis by the family advocate using locally developed curriculum materials and the individual Family Action Plan. This option is for parents who are not ready for group experience or have schedule conflicts.

The group parent training options use core curriculum with the added benefits of providing a mutual support group and increased opportunities to share with and gain experience from other adults. Adult-child interaction in a group setting is a primary mode of training.

Salem CFRP's drop-in child care center and the program's transportation system are necessary parts in making this family-focused program work. Another vital ingredient is the especially good relationship between CFRP and the Salem School District. Participative management as a system at work in Salem has kept CFRP staff turnover to a minimum and led to positive staff communication.

Salem CFRP staff also has provided training within the region, State, and community on working effectively with parents and communication skills. Also of interest in the professional community is a play therapy group for children who have difficulty working through stages of emotional development.

Project Title: Stanislaus County Department of Education
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This CFRP is a rural, migrant program whose families depend totally on incomes from harvesting crops. Modesto, with a population of 90,000, is the largest city in this predominantly rural county, which ranks sixth in the U.S. in crop production.

Ethnic minorities comprise about 20 percent of the county's population, with the Spanish-surnamed accounting for 16 percent. Unemployment fluctuates from 8 to 16 percent and is usually more than twice the national average during the nonharvest season. In late 1976, nearly 20 percent of the county residents received welfare cash grants.

Over 14,000 farmworkers can be found in Stanislaus County during the peak harvest season of June 15 to October 15. The number of permanent farmworkers is estimated to be 6,700. They are concentrated mainly in the Westley and Patterson farm labor centers where the CFRP is located.

Patterson and Westley are small agricultural towns whose only industry is seasonal crops. Approximately 94 percent (in the Westley area) and 50 percent (in the Patterson area) of families with school children have Spanish surnames. The CFRP serves only migrant and seasonal farmworkers and their children, many of whom live in subsidized farm labor housing.

In addition to a high rate of unemployment, farmworker families generally face problems such as inadequate and expensive housing, lack of health insurance and sick leave, low wages, inadequate day care programs, and societal isolation.

The CFRP is attempting to cope with these and other problems faced by its families and their children. One of the program's strongest components is its provision of programs for children ranging in age from infants to 12 years of age. In recognition of the long working hours that migrant farmworkers must spend in the fields, the CFRP operates a center for infants (aged 6 weeks to 2 years), which provides child care services. In addition, a comprehensive child development day care program is available for toddlers and preschoolers, from 3 to 7 months per year, 8 to 12 hours per day. This program includes classroom instruction; medical, dental, and mental health services; social services; parent programs; and staff development programs. Older school-age children also have an opportunity to participate in a variety of after-school recreation programs.

The Modesto CFRP also pays special attention to the area of preschool-school linkages. Mandates for preschool-school coordination are a part of the Riles Early Childhood Program which is functioning in all schools which CFRP children attend. The CFRP has thus been able to build on existing programs and develop a linkage program which includes joint preschool-school pre-service and in-service training, exchange of student records, and opportunities for temporary teacher exchange between the school and preschool programs.

In addition, a family resource center has recently been opened at the Westley site and is rapidly becoming a focal point of community interest. Services offered in the center include: parent education, a reading room, a small library with bilingual reading materials, adult English As a Second Language classes, opportunities to meet and speak with representatives of service agencies, and a full range of varied services for family members of all ages.

As in other CFRPs, parents are playing an active role in the program. In addition to assisting with local program decisions, they have also made several presentations about program activities at both local and regional meetings.

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